PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax

(571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further exprespondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

Indicated unless corrected below or directed otherwise in maintenance for nodfications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any 1590 . 10/09/2007 Himanshu S. Amin 24th Floor, National City Center 1900 East 9th Street Cleveland, OH 44114		change of andress) Note: Fee(s) Papers, have its NOV 1 2 2007 NOV 1 2 2007	Note: A certificate of mailing can only be used for domestic mailings of Fee(3) Transmittal. This certificate cannot be used for any other accompany papers. Each additional paper, such as an assignment or formal drawing, a have its own certificate of mailing or transmission. Certificate of Mailing or Transmission. Certificate of Mailing or Transmission. I hereby certify that this Fec(s) Transmittal is being deposited with the United Postal Service with sufficient postage for first class mail in an crive addressed to the Mail Stop ISSUE FEE address above, or being facsil transmitted to the USPTO (571) 273-2885, on the date indicated below.		
•		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	sica Sexton	(Деровной инть)	
		Jes Nademark OF Nov	(SURCETURE)	. (Signaturo)	
		Nov	ember 12, 2007	(Ditte)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/038,246	01/03/2002	Arthur W. Brooking	MS155556.1	7885	
TITLE OF INVENTION: 8	VSTEM AND METHOD PACT	TITATING NETWORK DIAGNOSTICS AT	ND SELECTE ALONO		

APPLN. TYPÉ	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$0	\$4/13/2997	MGEBRE##400000000	0 1000024g08
PXAN	AINER	ART UNIT	CLASS-SUBCLASS	01 FC:1501		1440.00 OP
TRUONG.	LAN DAI T	2152	709-223000	•		11.0000 0
CFR 1.363). Change of corres Address form PTO/S Fee Address in PTO/SB/47; Rev 03- Number is required ASSIGNEE NAME A PLEASE NOTE: Ur recordation as set for (A) NAME OF ASSI Microsoft Cor	AND RESIDENCE DATA less an assignee is ident th in 37 CFR 3.11. Comp GNEB POTATION	ngo of Correspondence Indication form ed. Use of a Customer A TO BE PRINTED ON ified below, no assignce oletion of this form is NO	or agents OR, alternative (2) the name of a singly registered atterney or a 2 registered patent attention of the content of t	3 registered patent attorn rely, e firm (having as a membingent) and the names of up raceys or agents. If no namprinted. atop. atopt. If an assignee is idessignment. and STATE OR COUNT	er a 2ep to p to	
4n. The following fee(s) Issue Fee Publication Fee (s)		4 permitted)	b. Payment of Fee(s): (Plea A check is enclosed. Payment by credit car.		lously paid issue fee she	NYTE ABOVE)
a. Applicant clain	atus (from status indicate us SMALL ENTITY statu ad Publication Fee (if req records of the United Sta	18, Sec 37 CFR 1.27.	_	ger claiming SMALL ENT	TTY status. See 37 CFR	1.27(g)(2).
Authorized Signature		7-		DateNo	ovember 12, 200	7
	Himanshu S.			Registration No. 40,	894	
			on is regulred to obtain or r 1.14. This collection is est of depending upon the indiv of Chief Information Office COMPLETED FORMS TO spond to a collection of info			

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

OMB 0651-0033 . U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE